

TRANSMITTAL FORM

Attorney Docket No.
STL000039US1/1715P

JAN 18 2005

In re the application: Jeff W. JOSTEN, et al.

Confirmation No: 5056

Serial No. 09/705,967

Group Art Unit: 2167

Filed: November 3, 2000

Examiner: Pannala, Sathyanaraya R.

For: Method and System for Recovering Data In A Plurality of Systems

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input checked="" type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief (in triplicate)
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from _____ to _____.			
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	16	22	0	\$ 50.00	\$ 0.00
Independent Claims	3	4	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

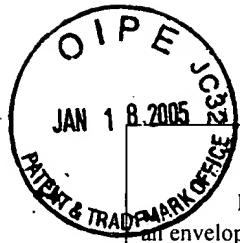
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	January 11, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 11, 2005

Type or printed name	Jinny Nguyen
Signature	



Attorney Docket: STL000039US1/1715P AF-*Jinny*

CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on **January 11, 2005**.

Jinny Nguyen
Jinny Nguyen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

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For: METHOD AND SYSTEM FOR RECOVERING DATA IN A PLURALITY OF SYSTEMS

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL OFFICE ACTION UNDER 37 CFR 1.116

Sir:

In response to the Final Office Action dated December 3, 2004, Applicant submits the following remarks:

Remarks/Arguments begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page x of this paper.